



Deborah A. Clayman  
Licensing Director

**City of Chelsea**  
DEPARTMENT OF LICENSING,  
PERMITTING AND CONSUMER AFFAIRS  
City Hall, 500 Broadway  
Chelsea, Massachusetts 02150

Telephone: (617) 466-4160  
Fax: (617) 466-4165  
dclayman@chelseama.gov

**HACKNEY DRIVER LICENSE APPLICATION**

(Use Pen Only - Print Clearly)

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Date/Birth: \_\_\_\_\_ Place/Birth: \_\_\_\_\_

Alien Registration No: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair: \_\_\_\_\_

Name of most recent employer: \_\_\_\_\_

Period Employed: From \_\_\_\_\_ To \_\_\_\_\_

Massachusetts driver's license number: \_\_\_\_\_

Massachusetts driver's license expiration date: \_\_\_\_\_

Have you been involved in any motor vehicle accidents in the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted for violating any state or federal law?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have outstanding parking tickets in the City of Chelsea?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you owe outstanding excise tax in the City of Chelsea?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Hackney Driver License Application is approved and issued, I will drive for the following Chelsea taxicab operation company: \_\_\_\_\_

I understand that any false statement on this application will result in immediate revocation of the license that was issued or reason not to issue the same.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return application to Deborah A. Clayman, Director, Department of Licensing, Permitting and Consumer Affairs, City Hall, 500 Broadway, Room 200, Chelsea, MA 02150, with the following:

- 1) ATTACHMENT "A" (Police Department Approval/Denial Form);
- 2) ATTACHMENT "B" (CORI Request Form);
- 3) Certified copy of Registry of Motor Vehicle Driver's Record;
- 4) Two (2) passport size color photographs;
- 5) Photocopy of valid driver's license;
- 6) Application fee in the amount of \$25 (check or money order only), payable to the City of Chelsea (not applicable for renewals).  
(Upon approval, you will be required to pay \$30 license fee.)

HACKNEY DRIVER  
APPROVAL/DENIAL FORM

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Date/Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

New Applicant \_\_\_\_\_

Renewal Applicant \_\_\_\_\_

FOR OFFICE USE ONLY

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

ATTACHMENT "A"



**Deborah A. Clayman**  
Licensing Director

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## **CORI REQUEST FORM**

City of Chelsea Licensing Commission has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

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### **APPLICANT INFORMATION**

(Please Print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable)

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number  
(Requested but not required)

\_\_\_\_\_  
Mother's Maiden Name

Current Address: \_\_\_\_\_

Former Addresses: \_\_\_\_\_

Sex \_\_\_\_ Height \_\_\_\_ Ft. \_\_\_\_ In. Weight \_\_\_\_ Eye Color \_\_\_\_

State Driver's License Number: \_\_\_\_\_

***The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_***

Requested by: \_\_\_\_\_  
Signature of CORI Authorized Employee